Do not write in this space.

Estimated time per Response: 1.0 hours OMB Control No. 3060 - 0856

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.
Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant.

mprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001. ersons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or

CC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

²art 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain he requested authorization.

an improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060 1856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to 'RA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS. sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, inless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

HE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK

REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.	SECTION 3507.
Applicant Form Identifier (Create an identifier for your own reference)	FCC Form 472 Invoice #
YR18FSDSudBEAR	(To be inserted by administrator) 2580956
3LOCK 1: HEADER INFORMATION	
. Billed Entity Name	NORTHERN HUMBOLDT CONSORTIUM OF SCHOOLS
2. Billed Entity Number	217983
3. Service Provider Identification Number (SPIN)	143030559
Applicant FCC Form 498 ID	443015275
1. Contact Name	Suzie McCray
5. Contact Telephone Number	707- 8396492 ext
5. Total Reimbursement Amount (total from Block 2, Column 14)	\$2,939.52

'age 1 of 3

FCC Form 472

July 201

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

3illed Entity Name NORTHERN HUMBOLDT CONSORTIUM OF SCHOOLS Billed Entity Number 217983 Contact Name Suzie McCray Contact Telephone Number 707-8396492 Applicant Form Identifier YR18FSDSudBEAR

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310	3LOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER	INFORMATION	PER FUNDING F	EQUEST NUMB	ER			
	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471	Funding Request	Bill Frequency	Customer Billed	Shipping Date to	Total (Undiscounted)	Discount Rate	Amount Billed to
	Application Number	Number (FRN)		Date	Customer or Last	Amount for Service		USAC
	(from Funding	(from Funding		(mm/yyyy)	Day of Work			(Column 12 multiplied
	Commitment	Commitment			Performed			by Column 13)
	Decision Letter)	Decision Letter)			(mm/dd/yyyy)			•
			DO NOT WRITE IN	For each FRN, complete either Column (10)	te either Column (10)			
			THIS COLUMN.	or Column (11), but not both Columns	t not both Columns			
_[1037347	2824506	MONTHLY	1/11/2016		\$349.95	70.00	\$244.96
~	1037347	2824506	MONTHLY	6/11/2016		\$349.95	70.00	\$244.96
~	1037347	2824506	MONTHLY	7/11/2016		\$349.95	70.00	\$244.96
+	1037347	2824506	MONTHLY	2/11/2016		\$349.95	70.00	\$244.96
5	1037347	2824506	MONTHLY	10/11/2015		\$349.95	70.00	\$244.96
٥,	1037347	2824506	MONTHLY	4/11/2016		\$349.95	70.00	\$244.96
	1037347	2824506	MONTHLY	8/11/2015		\$349.95	70.00	\$244.96
۳	1037347	2824506	MONTHLY	12/11/2015		\$349.95	70.00	\$244.96
الا	1037347	2824506	MONTHLY	9/11/2015		\$349.95	70.00	\$244.96
0	1037347	2824506	MONTHLY	11/11/2015		\$349.95	70.00	\$244.96
=	1037347	2824506	MONTHLY	5/11/2016		\$349.95	70.00	\$244.96
12	1037347	2824506	MONTHLY	3/11/2016		\$349.95	70.00	\$244.96
13								
1 4								
3	OTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)	MENT AMOUNT	TO BE ENTERED	O INTO ITEM (6)				\$2,939.52

age 2 of 3

FCC Form 472

July 201

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name NORTHERN HUMBOLDT CONSORTIUM OF SCHOOLS

Billed Entity Number 217983

Contact Name Suzie McCray

Applicant Form Identifier YR18FSDSudBEAR

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows

- ₽ The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- 'n The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant or behalf of eligible schools, libraries, and consortia of those entities.
- ဂ a Funding Commitment Decision Letter (FCDL). The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to
- D. I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely
- Ш I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or could result in civil or criminal prosecution by law enforcement authorities.

17 Drinted same of outborized person TODD & CHERY	15. Signature of authorized person Signed electronically by TODD R. CURRY	
	16. Date 5/1/2017	

I/. Printed name of authorized person IODD A. CORA

19. Telephone number of authorized person 707-8396470

18. Title or position of authorized person DIRECTOR OF TECHNOLOGY

'age 3 of 3

20. Address of authorized person 2755 McKinleyville Avenue, McKinleyville CA 95519 FCC Form 472

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